

Approved by OMB  
0348-0046

<p>1. Type of Federal Action:</p> <p style="margin-left: 20px;">a. contract</p> <p style="margin-left: 20px;">b. grant</p> <p style="margin-left: 20px;">c. cooperative agreement</p> <p style="margin-left: 20px;">d. loan</p> <p style="margin-left: 40px;">e. loan guarantee</p> <p style="margin-left: 40px;">f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p style="margin-left: 20px;">a. bid/offer/application</p> <p style="margin-left: 20px;">b. Initial award</p> <p style="margin-left: 20px;">c. post-award</p>	<p>3. Report Type:</p> <p style="margin-left: 20px;">a. initial filing</p> <p style="margin-left: 20px;">b. material change</p> <p style="margin-left: 20px;">For Material Change Only:</p> <p style="margin-left: 40px;">year _____ quarter _____</p> <p style="margin-left: 40px;">date of last report _____</p>			
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime                      <input type="checkbox"/> Subawardee</p> <p style="margin-left: 100px;">Tier_____, if known:</p> <p style="margin-left: 20px;">Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime</p> <p style="margin-left: 40px;">Congressional District, if known:</p>				
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description</p> <p>CFDA Number, if applicable: _____</p>				
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p style="margin-left: 20px;">\$ _____</p>				
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</p> <p style="text-align: right;">(attach</p> <p>Continuation Sheet(s)</p>	<p>b. Individual Performing Services (including address if different from No. 10a) (last name, first name, MI)</p> <p style="margin-left: 40px;">SF-LLL-A, if necessary)</p>				
<p>11. Amount of Payment (check all that apply):</p> <p style="margin-left: 20px;">\$_____    <input type="checkbox"/> actual    <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <p><input type="checkbox"/> a. retainer</p> <p><input type="checkbox"/> b. one-time fee</p> <p><input type="checkbox"/> c. commission</p> <p><input type="checkbox"/> d. contingent fee</p> <p><input type="checkbox"/> e. deferred</p> <p><input type="checkbox"/> f. other; specify: _____</p>				
<p>12. Form of Payment (check all that apply):</p> <p><input type="checkbox"/> a. cash</p> <p><input type="checkbox"/> b. in-kind; specify: nature _____ value _____</p>					
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for payment indicated in Item 11:</p> <p style="text-align: center;">(attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>					
<p>15. Continuation Sheet(s) SF-LLL-A attached:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="width: 30%; text-align: center;">Yes</td> <td style="width: 30%; text-align: center;">No</td> </tr> </table>				Yes	No
	Yes	No			
<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>				
<p><b>Federal Use Only</b></p>					

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

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Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

